

Health Information Form Texas Tech University

Last Name

First Name

Home Address

City

State

Zip

Birth Date

Home Phone Number

Health/Special Needs Informaiton

1. Do you have any health conditions (e.g., allergies, chronic conditions) or special circumstances- (religious convictions or legal arrangements) which may affect program participation or that we should know about prior to emergency treatment?

2. Do you have any disability/ special needs (visual, hearing, physical, psychological, unable to climb stairs without assistance) which requires special attention or special accommodations? If yes, please explain.

Medications

1. Please list any medications you are currently taking.

Prescription

Dosage

Doctor

Special Instructions i.e. refrigerated

Medical Authorization

Texas Tech University is authorized to provide or to arrange for any medical treatment my child may need during the course of this program. I understand and agree to be responsible for any and all costs associated with such services.

1. In such an event of illness or injury, I wish to be contacted at the following telephone numbers:

Home: _____

Work: _____

Cell: _____

Other: _____

2. In addition to authorizing medical care, I hereby certify that any charges related to the medical care given to my child will be borne by me. The insurance company and policy information that covers my child is as follows:

Insurance Carrier

Policy Holder

Policy Number

*Please submit a photocopy of health insurance with the completion of this form

I understand the medication prescribed by my Physician will be kept in a locked box by the staff while I am participating in the program. It is my Responsibility to obtain the medication from the staff and take the medication as directed by the Physician.

Parent/Guardian Signature (required) and Date

Participant Signature and Date